

DEENA SEVA SANGHA  
COMMUNITY HEALTH PROJECT

A REPORT

ON THE STUDY OF CERTAIN SLUM AREAS  
OF SESHADRIPURAM, BANGALORE-20, INDIA

(May 5, 1993)



02410



# COMMUNITY HEALTH CELL

Page

Title of the Study

Acknowledgements

1

Members of the Steering Committee

2

Members of the Deena Seva Sangha

3

## COMMUNITY HEALTH PROJECT

Area and Local Sketches

4-8

### A REPORT

Objectives of the Study

9

Introduction

ON THE STUDY OF CERTAIN SLUM AREAS

10

OF SESHADRIPURAM, BANGALORE-20, INDIA

Description of the Community Health Cell

11

(May 5, 1993)

Findings and Comments on the Study

12

Tables 1 to 37

Bangalore-200034

13

Community Tables - (38 to 74)

14

Appendices

15

(a) Calendar of events

16

(b) Household Survey schedule

17

(c) Proposed Civil works

18

(d) Blue prints for construction work (Karnataka)

19

(e) Risk factors and Problems identified by

20

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(f) List of Old Students of DSS.

21

12/93  
(17)



02476

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# C O N T E N T S

	Page
1. Title of the Study	
2. Acknowledgement	1
3. Members of the Steering Committee	2
4. Members of the Study Team	3
5. Area and Location (D.S.S. CHP) with the Maps and Sketches	4-8
6. Objectives of the Project and Methodology	9
7. Introduction to the Study	10
8. Description of the Area, People-some observations	13
9. Findings and Comments on the tables 1 to 37	19
10. Tables ..... 1 to 37	32
11. Community Talks - (Glimpses)	33
12. <u>Appendices</u> :	35
(a) Calendar of events	I
(b) House-hold Survey schedule	II
(c) Proposed Civil works	III
(d) Blue prints for construction work (Xerox copy)	IV
(e) Risk factors and Problems identified by Study team	V
(f) List of Agencies involved	VI
(g) List of Old Students of DSS.	VII

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The successful completion of this preliminary study of the slum area is the result of hard and sincere efforts of the Study team. We express our grateful thanks to each member of this Study team.

(N.S. SRIMANTHARAJAN)  
General Secretary  
Deena Seva Sangha

(Dr. S.V.RAMA RAO)  
Chairman  
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Members of the Steering  
Committee.







MEMBERS OF THE STEERING COMMITTEE

FOR IMPLEMENTATION OF PROJECT

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7. D. JATAIANDI : Life Worker
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9. P. VENKATASUBBAIAH : Life Worker

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MEMBERS OF STUDY TEAM

(Technical Staff and Office)

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2. Smt. R. INDIRAMMA : Health Education Officer
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5. Smt. T. ESTHER : Multi - purpose worker
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8. Sri. N. DEVARAJU : Helper





DEENA SEVA SANGHA  
COMMUNITY HEALTH PROJECT

AREA AND LOCATION

(See Map and Sketch)

REGION : South East Asia

COUNTRY : India

STATE : Karnataka - (One of the Southern States with Capital at Bangalore City)

CITY : Bangalore (Bangalore City Corporation Division No.19)

PROJECT AREA : Seshadripuram<sup>m</sup> Extension (in down town)

NAMES OF THE SLUMS SELECTED :

1. Jayachamaraja Wodeyar Nagar. (J.C.W. Nagar)
2. Varaha Venkata Giri Nagar (V.V.Giri Nagar)
3. Risaldar Colony
4. Old Savar Lines (O.S.Line)

BOUNDRIES OF THE PROJECT AREA :

1. EAST : Subedar Chatram Road
2. WEST : Platform Road
3. NORTH : 1st Cross Road of Risaldar Street
4. SOUTH : Bangalore - Madras Broad Gauge Railway Line.





: 5 :

ACCESSIBILITY

: Through

a) RAIL

: City Railway Station is within One Km. distance. Connected to all important places in and outside of India.

b) BUS

: Bus Terminus (State and interstate) within One Km. Connected to all important state and interstate places.

c) AIR TERMINAL

: The air port is within a distance of 10-15 Km. and connects all important flights within the Country and Abroad.

d) TOURIST DEVELOPMENT  
DEPARTMENT

: And many travel agencies operate within the City, Taxies, Buses, Vans, Autorickshaws are available for hiring and public transport system is also available for commuters.

e) ADDRESS FOR POSTAL  
COMMUNICATIONS

: General Secretary,  
Deena Seva Sangha  
Community Health Project,  
Seshadripuram,  
Bangalore,  
INDIA. PINCODE: 560 020.

Phone: 363661

(Bangalore Telephone Code: 080)

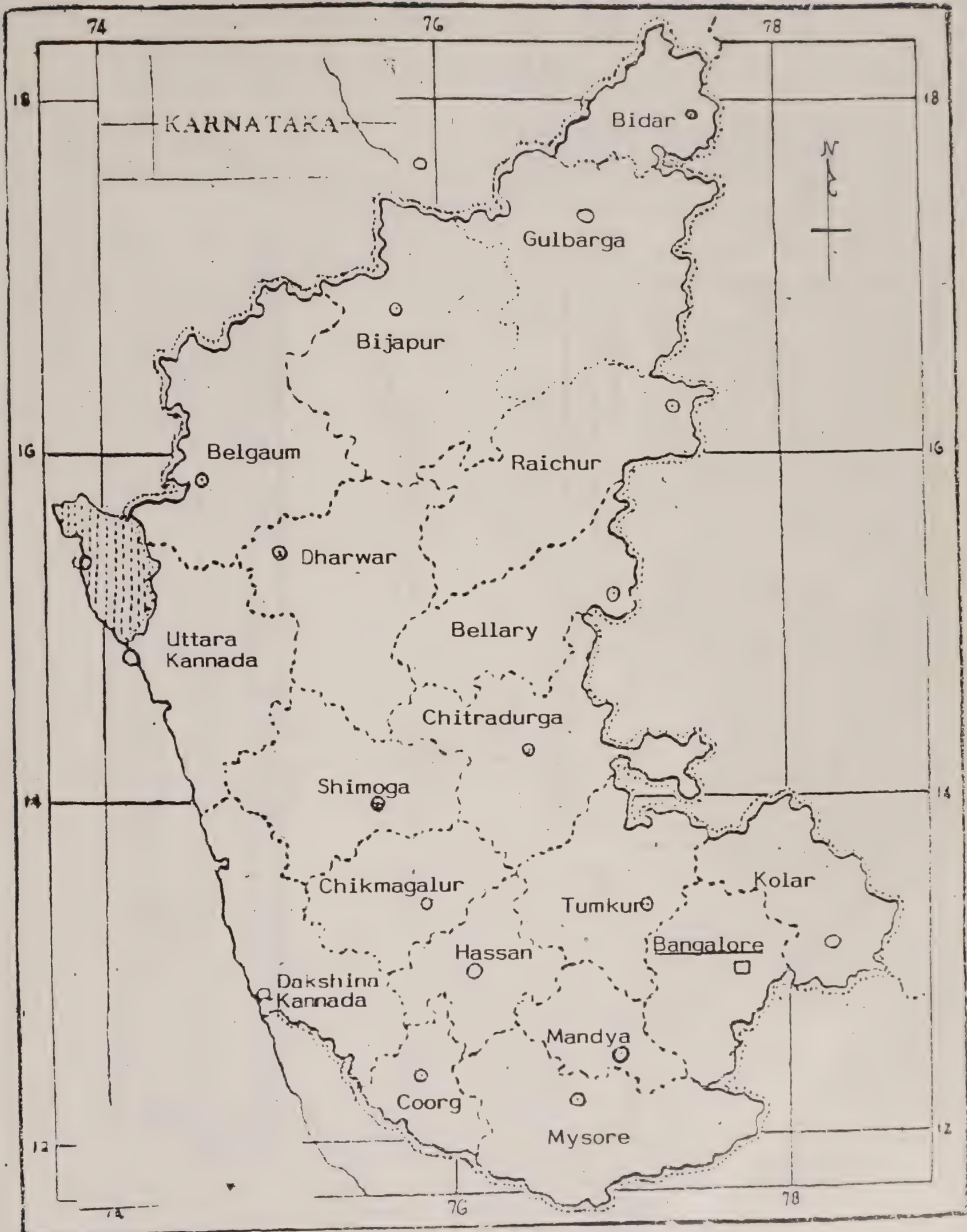
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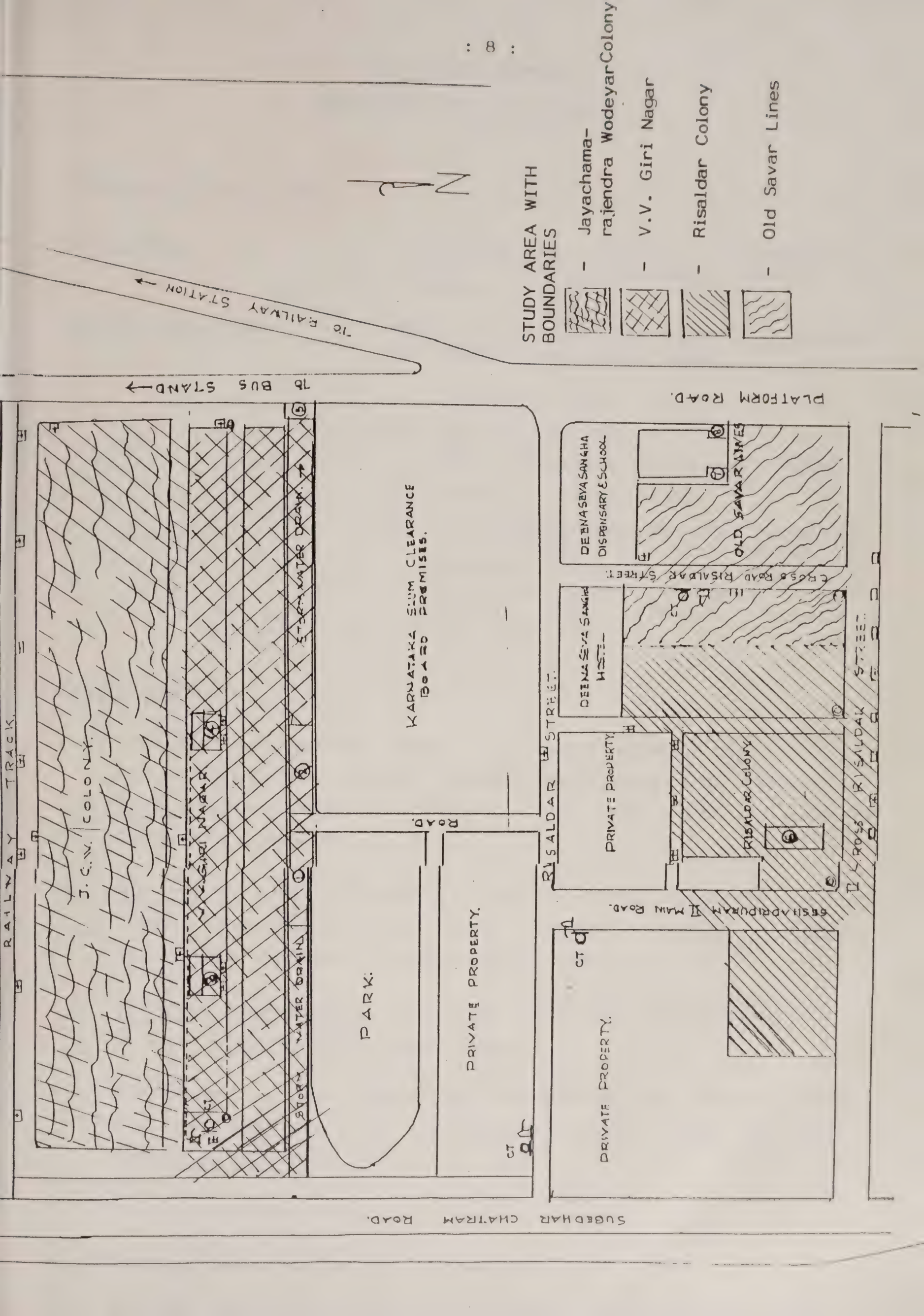












STUDY AREA WITH BOUNDARIES

- Jayachama-rajendra Wodeyar Colony
- V.V. Giri Nagar
- Risaldar Colony
- Old Savar Lines





DEENA SEVA SANGHA  
COMMUNITY HEALTH PROJECT

Objectives of the Project :

- Broad Goal : Alleviating and ultimately eliminating the vicious cycle of ignorance, Poverty and Ill-health.
- Specific Objectives : While a comprehensive objective of tackling all levels of prevention, namely :
1. Health Promotion
  2. Specific Protection
  3. Early Diagnosis & Prompt treatment
  4. Disability Limitation and
  5. Rehabilitation are envisaged, particular attention will be paid towards the important components of Health Education and Environment Sanitation (Water Supply, Waste disposal, Sanitation, Pest Control etc.)

Methodology :

1. Collection of base-line data on pretested schedule by house to house visits and personal contact, Questioning the respondents, Observing the conditions prevailing at the level of the individuals, family and Community.
2. Discussions with Corporator of the division, Community leaders (Formal and informal), Volunteers, Agencies interested in welfare of the area who could give reliable information.
3. Gathering information at first hand about what the Community feels is their 'Felt needs' and priorities.
4. Correlating the 'Felt needs' as expressed by the Community with the 'Problems' faced by the Community at all levels and identifying risk factors.
5. Evaluation of the findings.
6. Planning the strategies and interventions.

A high degree of Community participation is expected for mobili-





## INTRODUCTION

The Community Health Project (CHP) attached to the Deena Seva Sangha was conceived quite some time prior to April 1992. It began to take shape from April 20th 1992 when the Life Members met for the first time at a meeting and held discussions on various facts of Community as well as the Health picture of slums located round the Deena Seva Sangha School.

The Consultant made several visits, after the meeting, to these slums. Information at first hand was gathered though a preliminary report was available. The information in the preliminary report was not adequate on various parameters of health, welfare, social and economic status etc. It was decided to collect the base-line data by a survey undertaken at a later date when the project started to take off.

The preliminary information gathered pointed to certain positive realities. These are: Deena Seva Sangha school has been established in the area as early as 1930 and through the years has acquired certain status symbol which is an asset for any intervention. Further, some of the old students who studied in Deena Seva Sangha School were today available as residents of the locality and one could bank upon their influence and co-operation. It left no doubts in the minds of those who were planning that full community participation could be highly possible. At the outset, old students and some of the persons who volunteered were identified.

The locality namely the slum area around the Deena Seva Sangha School was already receiving attention through various agencies like the Government, Civic Bodies, Slum board etc., The planners did not want to duplicate or replicate interventions already enjoyed by the Community. Notable among these are the Water and Sanitation facilities by the Bangalore Water Supply & Sewerage Board, electricity by the Karnataka Electricity Board, Health and Welfare facilities by the Bangalore City Corporation, Education upto 10th standard and hostel for Schedule Caste/Schedule Tribe by Deena Seva Sangha.





This base-line data collected in addition to demographic data give us an idea of the socio-economic structure, housing, sanitation, micro and macro environment and many other relevant to the Community. It should lead to an improved understanding of the Community especially for formulation of strategies and interventions by the Community with the motto 'Help the Community to help themselves'. It has to be seen how far this motto will stand the test of time and whether the planners would be able to achieve this goal.

With this concept, a schedule (appendix-11) for collecting data on uniform lines was designed and tested on the field by trials. Some of the information required but which consumed too much time to collect from respondent were deleted for later consideration, some were omitted if memory factor of the respondent was involved and too much reliance cannot be placed on the answers. Some were retained even though it looked redundant for its value to cross check and not the reliability of information collected on an earlier item. For example, to test check income, a column of expenditure was introduced and monthly expenditure as stated by the respondent, if it was off the mark, considerably, it was a case of review. However as the team members gained experience this was not much of a problem. It is needless to add here that the team members were fully given training to collect correct information. They were first briefed on the meaning, significance and object of each item of information and what exactly was expected of each member of the team. If in doubt they were to refer to the Consultant. One important finding as the data collection was proceeding was that a preliminary report and information on the population of the slum project area provided, was 15-20,000. It was not known on what basis this figure was arrived at. The survey has revealed that this information was incorrect.

The team members who collected the data by house to house visits consisted of a Lady Health Education Officer, Lady Health Visitor, two Lady Multipurpose Workers and a Male Asst. Health Education Officer, cum Public Relations Officer. The ladies as enumerators had advantages and acceptance by the Community besides the fact that they had access to certain information from ladies of the family which otherwise would be difficult and delicate to elicit.



\*

A calender of events high-lighting the events which are considered important is appended to this report. It can be seen that there have been meetings of the Steering Committee and the Staff of Community Health Project, regularly every week. The proceedings of these meetings, the discussions and deliberations are documented.

In the following report, all attempts have been made to Project the various issues which the data reveals. We are exploring the possibility of an effective future direction for participatory health care by the Community.

\* APPENDIX - I

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## DESCRIPTION OF THE AREA, PEOPLE AND SOME OBSERVATIONS

The Project area consists of four distinctly named areas Jayachamaraja Wodeyar colony, V.V.Giri Nagar, Risaldar Colony and Old Savar line. The first two are names of esteemed personalities like one of the Maharajas of Old Mysore State and a past President of India, respectively. The names Risaldar colony and Old Savar line seem to have derived their names from these colonies having been residential areas some years ago for Risaldars and Savars (designation of Officials in the personal army of former rulers).

The area of these four colonies are territorially contiguous except for criss-cross roads which intervene between them. The roads at some places are broad enough. but within the slums, the houses form clusters or lines, attached to each other, some times on all three sides of households except the approach itself where small doors give entrance to the family members to their homes. These are not roads but foot paths through which one has to wade through. The houses, if you can call them so, are shelters very small and mostly without windows. Doors are the only means for ventilation and light. The walls can be anything from a mud structure to even a plastic sheet or cloth. The roofs are mostly pieces of flattened tin sheets or iron sheets taken out of drums etc. How the family members live in such small space is anybody's guess. While majority of shelters present such an appearance, there are pucca houses also With walls built out of bricks and plastered, with impervious flooring and roofing formed out of tiles or asbestos cement sheets. In one colony namely old Savar Line, the Bangalore City Corporation has constructed houses for their employees and they are planned constructions <sup>with</sup> Private toilets, water connections to house through pipes. drains connected to underground sewers etc. These shelters and houses are some times owned, rented or leased. There are electric lines and piped water supply and some of the residents have availed themselves of these facilities. The Corporation authorities, it is ascertained, charge Tax to some and some have been exempted. All have to bear a minimum of Electrical charges for their lighting which is nominal and the Karnataka Electricity Board authorities collect them.





As one walks along the streets and paths, one can observe buzzing activity most of the time. Number of urchins between 3 to 12 years playing about even in the morning, some in uniform of schools ready to go to school when it is time. Others not going to school are playing about, some wearing good clean clothes, some a little dirty, few are found naked running about or wearing scanty or tattered clothes. Most of these children are not mal-nourished clinically. Mobilisation of these urchins to get into some sort of play homes, nurseries etc., would go a long way to rehabilitate these kids. Many of these are children of parents who both go for work in the morning and come in the evening leaving behind their children.

The adult women are seen at the washing platforms and taps washing clothes, utensils etc., and fulfilling their social obligations of gossip and various other types of avocations. Some times quarrels and hot words are not uncommon. These women also do not give an appearance of being poor or mal-nourished. As regards their family life, the team members have to build more rapport so that they will freely communicate.

The adult males are usually found in groups here and there talking and some are on the roads with hang overs of the previous day. Many times, one finds that there are persons even at 10 A.M. fully under the influence of Alcohol. These adults earn and most of them utilise their earning on themselves, mostly for drinks. Their contribution to family upkeep is meagre, if at all. This is not considered as unusual or strange amongst the family members, because in most families, it is the pattern of living. The lady of the family earn and support the others including the husband.

There are number of shops, most of them petty shops dealing with eatables, vegetables, fruits, provisions etc., required for day-to-day living. Others, like, a mechanic's garage, a flour mill, a Chemist and Druggist shop, pawn borker, are all seen to be thriving. Selling, of cut fruits, sweets openly, is quite common. Besides these, hawkers and cart pushers make good business at the doors of the shelters. Beef stall, Printing Press, Tailors and you name them and perhaps you will find one.



Some of the house-holds prepare hot food stuffs, like Dosai (a type of pancake) or idli (a special preparation of rice flour and black gram flour cooked in steam), masala rice or curd rice and sell them near their house and the cost is fairly low and affordable by most. For example, one dosai or idli costs 25 Ps. each and masala rice and curds rice cost Re 1 to 2.50 per packet. For about Rs.5/- to Rs. 7.50 One can have tummy full.

Apart from human beings, stray dogs, cows, other animals, flies, cockroaches etc., are invaders and there is no area where you do not find them.

There is a huge open storm water drain which carries sewage also. Surface drains, some times choked and with puddles of dirty water, are seen all over and breeding of culex mosquitoes is rampant. There is an open space with a layout for park.

There are no private toilets in the slum shelters. They are all Community latrines built up in blocks of 20 seats, 10 seats for ladies, and 10 seats for gents. Bath rooms are also provided. The condition of these are anything that can be desired. Out of a total of 4 blocks, many seats are defunct due to blockage. The remaining ones are filthy and foul. Water facilities are provided in the shape of tapped water supply, and reservoirs are also provided. The supply is not only inadequate but it is interrupted. The water flows only during certain hours of the day and certain days of the week. The Community has to make use of it to their best advantage. There are 3 bore-wells yielding adequate water and being from deep underground strata, The water appears to be safe for drinking. These bore-wells are fitted with hand pumps and are functioning.

Besides bore-wells, the Corporation of the City of Bangalore have supplied piped water supply. There are Community taps distributed through-out the colonies and these form major source of water to the residents for all purposes. As already stated, the water supplied is inadequate and it is an interrupted supply. Quite often there are scheduled 'no water' days which are previously notified.





A park, a School, a Temple, an office of the Karnataka State Slum Clearance Board (KSSCB) are located in the area. A huge concrete pillared construction is rapidly coming up and this building is said to be for locating the office of the KSSCB, besides acting as a shopping complex for the area. Mahila Samaj, Anganwadi and other Community Social Welfare Centres are also situated in the area.

The Deena Seva Sangha runs a School from Nursery to VII Std. There is a residential Boys Hostel for those belonging to Schedule Caste and Schedule Tribe. One Charitable Dispensary is running under the administration of the Sangha and is located in a donated building with adequate space to run a small hospital and out-patient.

A few remarks about poverty, ignorance and illhealth may not be out of place, though the findings of the study will reveal the realities.

All the team members are of the opinion that stark, naked poverty, as such, is not encountered. We see tolerably well dressed, well fed individuals. Many say that money is available if one works. Unemployment, as such, does not appear to worry any one. If one is not employed today, he will get one tomorrow. The attitude, of those with whom some of the team members discussed appear to be that they live for the day and not much bothered about tomorrow. There appears to be a sort of 'Chit Fund' system organised by the slum members to save money for Festival and other special and important occasions when lumpsum money is needed. The members 'Like-minded' meet and agree to contribute weekly or fortnightly an accepted sum and one of them collects the money. A sort of an auction system prevails for those who require money urgently. This is done once in a month or so. Suppose a sum of rupees one thousand has been collected during the previous month, the person requiring the money urgently will bid and he is prepared to take Rs. 900/- and continue his contribution. Another may bid at Rs. 800/- and so on. The person who accepts the lowest is offered the money and the balance of Rs. 200 /- collected will be the profit and is distributed amongst all other contributors. There are many such schemes working successfully, it is reported. The slum dwellers as already stated live for the day. They do not appear to be unduly concerned about their position in society or the place they are living or their houses which can be at best shelters. As to why this attitude of lack of ambition and further improvements in life style is there, one cannot really unfathom. As far as the slum





dweller is concerned he may appear poor and in poor filthy locality to the outsiders but he himself is not bothered about what others feel or think.

As regards ignorance, the slum dwellers if considered from the point of view of academic formal education, may be dubbed as ignorant. But the team members found them shrewd, knowledgeable on current affairs and can argue a point for or against in his/her own way. Some of them have lucrative business transactions. Most of the time, his/her judgement is tolerably sound.

They are anxious to enjoy. A feature film in their own spoken language is a priority. They will walk a few kilometers to see a film and some times two or three times a week if time and house-hold responsibilities permit. The transistor, television are favourites and they are conversant with most of the programmes in which they are interested. The rest of the programmes they may not even be aware of. They are interested in local and national politics but when it comes to broadcasts or telecasts directed towards imparting informations, education or other types of communications, they appear to be least interested. The women are receptive and respond intelligently. The Health Education films screened in the slums have not been very popular so far. Majority of eligible couples and even others are fully aware of birth control and contraception.

The slum dwellers have their own political affinities and loyalties. The god-fathers of these put or bring about pressure when elections are round the corner.

The opinion often expressed, that slums are abodes of ill-health, have to be accepted with caution and may not apply to all slums. In the slums under study, the team members found the frequency of illness, nature of illness conform to the usual or common pattern. Fevers, cold and cough, Upper Respiratory Infections (U.R.I.) diarrhoeas and other Gastro Intestinal infections, are amongst the most common. In a population of 5007 one case of infective hepatitis, one case of Chancroid, four



cases of chicken-pox, 3 cases of measles and two cases of residual partial paralysis of a lower limb among children, were encountered at the time of visit to families. The members did not get an impression of high morbidity. Chicken pox and measles were reported by the residents as common during the summer season.

This aspect of a slum, pertaining to urban slums in general, namely poverty, ignorance and ill health cannot be generalised.

Findings of the study follows in the next few pages. The study was conducted by gathering data on a pre-tested schedule (appendix-II) by trained members of the team visiting house to house. The data presented in the form of tables are commented and highlighted.

\*\*\*\*\*





FINDINGS AND COMMENTS

WITH

TABLES 1 TO 37





### DENSITY OF POPULATION (Table - 1)

One of the important indices of population concentration is the density of population. Density denotes the number of persons living per Square Kilometer. In less than 1 Sq.Km. as many as 6821.52 persons are living which is very high. According to 1991 census, the density of population of India is 267 per Sq.Km. and the trend has been showing a higher figure at each census.

### AVERAGE PERSONS PER HOUSE-HOLD : (Table - 2)

A total of 5007 persons are living in 904 house-holds giving an average of 5.54 persons per house-hold. The lowest average of 4.79 is recorded at Jayachamaraja Wodeyar Nagar and the highest of 8.11 at Old Savar line. The distribution area wise - is also furnished.

### TYPE OF HOUSES : (Table - 3)

Of the 904 houses enumerated, 57.07% (516) are pucca houses having brick walls, impervious flooring and roofing of tiles, of sheets, of cement asbestos and only very few with concrete roofing. The remaining 42.92% (388) are houses with some type of wall with mud or even temporary screens, pervious flooring and sheets of tin or iron cut from drums forming the roof. These are shanties (roughly constructed poor shelters).

### HOUSES OWNED, RENTED OR LEASED : (Table - 4)

72.89% (659) of the houses are owned by the occupants. 20.57% (186) are rented and the remaining 6.25% (59) are leased. A large number owning houses reflects not only the economic status but also the zeal for owning.

### POPULATION: AGE AND SEX DISTRIBUTED BY LOCALITY : (Tables 5,6 & 7)

The total population of the Project area is 5007 with highest living in Jayachamaraja Wodeyar Nagar (2108) and lowest in Old Savar Line (843). It has a sex ratio of 929.5 females for every 1000 males. This ratio for the country as per 1991 census is 929. This is comparable with the national status and leads one to think whether the common



impression of migration to areas of slums from original abodes mean mostly males leaving behind their spouses is correct. 661 or 13.20% are under-fives and 2007 or 40.08% are children 0-14 years. This distribution is similar at the national level. 1981 census of India gives a figure of 12.8% under fives and 39.6% for 0-14 age group.

POPULATION, RELIGION AND LANGUAGES : (Tables - 8 & 9)

Predominantly 91.7% of the residents are Hindus. 4.3% and 3.98% are Muslims and Christians respectively (Table-8). As for the spoken language in the house-holds, 75.77% of the house-holders speak Tamil with Telugu coming next with 15.92%. The Kannada speaking house-holds are only 3.5% even though the State language is Kannada. This may perhaps point to the fact that these are migrant house-holders mostly labourers from Tamil Nadu and not the indigenous population (Table - 9).

MARITAL STATUS : (Table - 10)

2991 persons are in the age group of 15 to 21 + years and this group was studied for marital status. Of these 1546 (51.1%) are male members and 1449 (48.3%) are females. Among the 1546 males 953 (61.6%) and out of 1445 females 968 females (67.0%) are married. 544 (35.2%) males and 235 <sup>females</sup> (16.3%) are single. The rest are either widowed or separated. A notable number of 228 females are widowed as against only 41 widowers.

AVERAGE NO. OF CHILDREN : (Table - 11)

2986 children are distributed among the total of 904 house-holds which gives an average of 3.3 children per house-hold. (The age group of children for purposes of recording average No. of children is not confined to 0-14 age group in the population). The highest number of 5.41 average is found in Old Savar lines and the lowest of 2.65 is reflected in Jayachamaraja Wodeyar Nagar.

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JOINT AND NUCLEAR FAMILIES : (Table - 12)

Of the 904 house-holds, 63.05% (570) belong to the category of nuclear family, the remaining 36.94% (334) belong to the joint family system. There is no reason to believe that there is a large number of elderly dependents since the population over 50 Years of age form only 9.8% or 491 persons.

FOOD HABITS : (Table - 13)

Majority of house-holders in (99.33%)/or 898 house-holds out of 904 are habituated to both Non-vegetarian and Vegetarian diets. Only a meagre 0.66% or 6 house-holds are strict vegetarians. As already touched upon lowcost food is available very near the homes. Many house-holds prepare and sell hot dosai, idli, curd rice etc. Parents who leave their children and go for work find it convenient to get these low cost foods for children since they are ready made and can be obtained at any time of the day.

LEVEL OF LITERACY : (Table-14)

Out of a population of 4346 who are aged above 5 yrs, 2302 (52.96%) are literates and 2044 (47.03%) are illiterates. The 1991 census gives a literacy rate of 52.11% for the country. The male and female literacy percentage separately are, 51.88% of males and 45.11% of females are literates. At the national level as per 1991 census 63.86% of male and 39.42% of female are literates.

EMPLOYMENT STATUS : (Table-15)

Out of a work force of 2258 persons, 1462 (64.75%) are males and 796 (35.25%) are females. These include 114 children (5.04% 0-14 yrs age who are employed) and 96(4.26%) females who are categorised as undefined. Those coming under undefined are adult females, single, not studying and un-employed at the time of ~~house~~ house visit. They may seek employment whenever they want. 1215 males (53.80%) are employed, 73 out of 114 (3.23%) are male children. 636 female adults





(28.17%) are employed. 41 out of 114 are female children. Among those unemployed 174 (7.71%) males and 23 (1.02%) females are unemployed. The total unemployed are 197(8.73%).

The classification as to how many persons are employed in each house-hold whether only one per family or more is furnished in Table-16. For a break up of the employed, unemployed, undefined and number employed among children per family-see Table-16. Among the employed 277 families have 2 members, 149, 3 members and 134 families have four members per family working. Only 220 house-holds have one member working.

#### SKILLED AND UNSKILLED : (Table-17)

Out of a total of 1965 employed, 347 or 17.6% are skilled workers. The remaining are unskilled workers. These categorised as skilled include employees in Government, Private sector, Vehicle drivers, Machanics, Masons, Painters and Carpenters etc. Unskilled are coolies, those involved in manual labour, vendors, etc.

#### NOT EMPLOYED PEOPLE : (Table-18)

Majority 60.50% of the unemployed are house-wives followed by aged people who are not in gainful employment. Pensioners are also included in this group of unemployed.

#### INCOME : (Table - 19 & 20)

The per capita income is Rs. 3347.81 per annum and the average Annual income per house hold is Rs.18,452.50 (Table 20). As regards income of individuals only 9.8% of house-holds or 89 house-holds have income of less than Rs. 500/- per month. Majority, that is. 678 or 73% of house-holds, have an income between Rs.500/- and Rs. 2500/- per month. 15.1% of House-holds or 137 have income higher than Rs. 2500/- per month. For an outside observer what appears to be the problem is a general lack of ambition and a will to improve his/her



quality of life and living standards. Most of them however cannot afford the sky-rocketing price for a site in the city or build a house. 72.59% own their shelters. (Table-4). The house-holds distribution of income slabs are furnished in (Table-19).

HOUSE-HOLDS AND POSSESSION OF T.V.REFRIGERATOR ETC. : (Table-21)

325 House-holds (35.95%) have Transistors and 260 House-holds (28.76%) have Television sets. The possession of furniture, cots etc., are restricted due to lack of space. The category of others form 37 or 3.98% which include Cassette players, Tape recorders, etc.

DRINKING WATER : (Table - 22)

587 House-holds out of 904 or 64.93% have access only to Community piped water supply and depend on it, while 218 or 24.11% are having their own pipe connections provided by the Bangalore Water Supply & Sewerage Board. They are charged a nominal monthly sum. 99 or 10.95% use Bore-well water also along with Community piped water supply.

TOILETS FACILITIES : (Table - 23)

88.38% or 799 house-holds use the Community latrines provided by the Bangalore City Corporation and the condition of these Latrines have been commented upon earlier. Private toilets are provided in the rehabilitated area of Old Savar lines where the houses constructed by the Bangalore City Corporation have private toilets.

DRAINAGE SYSTEM : (Table - 24 )

Most of the areas and house-holds are having only surface drains, 151 (16.70%) have connections to the under ground sewage system.

LIGHTING : (Table - 25)

Every house-hold has access to Electricity and majority 677 or 74.88% use electricity for lighting their homes and only 227 house-holds or 25.11% use Kerosene lamps for lighting.





FUEL FOR COOKING : (Table - 26)

Firewood and Kerosene in one or other combinations form the fuel for cooking in almost the entire slum. 892 or 98.66% use firewood or Kerosene, with Kerosene being preferred. The remaining alternatives of Electricity, LPG are used by very few house-holds. There are 5 house-holds where cooking and other types of procedures needing the use of fuel are not resorted to at all, since they use the house-hold just as a temporary rest place.

MORBIDITY PATTERN (COMMON ILLNESS) : (Table - 27)

Out of 904 house-holds, the commonest illness reported are Upper Respiratory Tract Infections (Fever, Cold, Cough) followed by Diarrhoea which takes the second place. Many house-holds report more than one common illness, illness of minor importance, such as, scabies, pediculosis, ring worm are not considered as illness.

TYPES OF MEDICAL AID : (Table - 28)

Majority have the Government Hospitals as their first source. The second in line is the Private Hospitals and only 172 or 19.02% of respondents included practitioner as one of their source.

ALTERNATIVE SYSTEMS OF MEDICAL AID SOUGHT : (Table - 29)

Almost all, except for 4 house-holds out of a total of 904, go to Allopathic or Western system. Ayurvedic and Homeopathic medicines appear to have few takers.

PREVALENCE OF LEPROSY : (Table - 30)

It may be relevant to state here, that in Jayachamaraja Wodeyar Nagar slum area, a separate section exists where the patients of Leprosy reside with their families. From the information given by the respondents, a total of 99 persons are suffering from Leprosy. Majority of them are reported to be non-infectious. 53 are males and 46 are females. Those needing treatment are getting regularly multi-drugs therapy and





and are being followed by experts from Sumanahalli Leprosy Centre. The Project team is keeping a follow up. 77 persons out of 99 when questioned stated that they were in receipt of pension from Government.

#### HANDICAPS : (Table - 31)

Total of 26 persons out of a population of 5007 have been identified as handicapped persons which gives a figure of 5.19 persons for every thousand population. Maximum of 20 persons come under the category of physically handicapped, 3 persons are mentally handicapped and 3 are blind. Males predominate.

#### ALCOHOLISM AND SMOKERS :

The Community considers drinking as a bad habit and in order not to give a bad image of the family, many hide the fact. It was observed by the team members that almost all male members above the age of 30 years and some female members of 30 years and above are in the habit of "taking drinks". They do not want to reveal that they are smokers. Other addictions are also prevalent but correct information has not been made available. Hence the findings do not reflect the situation but, it left members of the survey team in no doubt as to addiction to Alcohol as one of the very serious problems leading to social and economic maladjustments of a grave nature, threatening the very edifice of the family structure. Findings do not reflect the reality as can be seen from the table given here under:

#### T A B L E :

Persons taking Alcohol, Smoking Cigarettes, Pan chewers.

Particulars	Male	Female	Total
Alcohol	48	3	51
Smokers	14	-	14
Pan Chewers	8	28	36
<b>TOTAL</b>	<b>70</b>	<b>31</b>	<b>101</b>



ELIGIBLE COUPLES AND FAMILY WELFARE : (Table - 32)

The survey team got the impression that there is a high rate of awareness for small family norms. Amongst a total of 1105 females in the age group of 15 to 45 years, the team has actually identified 773 eligible couples. Of the 773, a total of 165 have undergone tubectomy and 2 males have undergone Vasectomy giving a couple protection percentage of 21.60. The figures for Tubectomy is probably higher as many women smiled but did not give a 'Yes' verbally. As regards conventional contraceptives only two are using one or the other methods. It is also seen that there are 51 Antenatals at the time of survey. Many respondents confided that conventional contraceptives are a bother and they did not prefer them. Most believed in "Once for all" method as they put it.

Data regarding vital statistics, such as, crude Birth Rate, Crude Death Rate, Maternal and Infant Morality Rates have not been collected and furnished. There is no reason to believe that these are unduly high or unduly low from our experience of past 5-6 months. Information on these events calls for memory and particulars of events. With a view to have very reliable data, registration of pregnant women, date of delivery, condition during pre and postnatal periods are being recorded and followed for a minimum period of one year. All deaths whether it is in Community in general or among pregnant women, during delivery or in the postnatal period are fully documented and cause of death investigated and recorded. It is hoped that this procedure will keep at our disposal reliable data. However the specific goals already set for the project will be kept in view.

IMMUNIZATION PARTICULARS OF UNDER FIVES : (Table - 33)

At the outset, it has to be noted that at the time of visits for collecting data, there was no evidence for immunization, such as, data, nature of antigen, total number of doses, boosters etc. All that the respondents could state was whether it was done or not. Definite information was available from 128 house-holds with 219 children under 5 years of age. With the given information, it can only be inferred





that only 33.13% of children have had some immunization procedures. Even so, judging from the prevailing conditions, there is ample scope for the disease agents and polluted environment to allow and spread diseases. But, so far, we have not come across many infectious diseases, especially, those against whom immunization procedures are under-taken. Clinical cases of Tuberculosis, Diphtheria, Pertusis, Tetanus and Polio have not been seen in the Community while the team members are on regular visits to the house-holds. Cases of measles have been noted and Immunization against measles may not have received as intense an attention as the others. Is there or are there any other reasons for the five dreaded diseases not prevailing to the extent that we expect? It is possible that though there is no available evidence for the immunization, a large percentage of under fives might have been protected, in which case, the disease has not got a chance to surface or the herd immunity built up is protecting those who are unprotected. Another reason which can be thought of is, that the under fives living in such filthy conditions have received repeated sub-clinical doses of infections with an occasional heavy dose of infection which has acted as boosters and protect the children. These reflections indicate only possibilities. It is envisaged to organize a thorough investigation to find out whether documentation could be procured at the source with the corporation health authorities who are responsible for the immunizations. Those not protected will be protected and each child will be furnished with the necessary cards filled up with particulars for having undergone the procedure.

#### SCHOOLING AND STUDY : (Table - 34-1 and 34-2)

For purpose of education in schools and colleges and Technical courses, a total of 4346 have been considered, which include not only 5 years to 14 years (children) but also those above 14 years. Of these 2255 are males and 2091 are females in the population. In 5-14 years age group, 419 boys (59.77%) and 361 girls (55.96%) are in primary school. (upto 7th Standard) 34 boys (4.85%) and 37 girls (5.73%) are having education at the Secondary school level upto 10th standard.





It is worth noting that a higher percentage of girls are involved at the Secondary level in the age group 5-14 years.

In the category of above 14 years age group in the population, very few are at the primary level. 32 boys (2.05%) and 24 girls (1.65%) are studying in Secondary schools, 12 boys (0.77%) and 6 girls (0.41%) are at the P.U.C. level. There is only one boy and one girl taking technical course.

The overall picture in education can be summarised by saying that 501 males (22.21%) and 430 girls or (20.5%) in the 5-14 and 14+ group of population, are studying at some level or the other.

#### HOUSE-HOLD PESTS : (Table - 35)

Flies, mosquitoes and bugs are ubiquitous. With the breeding area for the flies and mosquitoes being so vast in the filth and choked up drains and puddles, it would be a surprise if one does not find them universally. The Bangalore City Corporation is incharge of collection, transportation and cleaning of the area and removal of garbage dumps and sanitation, and Bangalore Water Supply & Sewerage Board is in overall charge of water supply. Antimosquito squad of the Bangalore City Corporation is also functioning. However according to respondents these anti-fly and anti-mosquito measures are ineffective.

#### PETS : (Table - 36)

Dogs take priority with chicken next. Cats, Parrots are also to be found. Cattle and Sheep do not figure much. While on the subject of animals, it may perhaps be pointed out that the menace of stray dogs is quite considerable according to respondents as also observation by the team. There is a 'Stray dog' catching squad in the Bangalore City Corporation who come occasionally and catch them. Dog bites in the Community occur and there are ample facilities for getting antirabic vaccine treatment free of cost.



FELT NEEDS : (Table - 37)

This information was very important from the point of Project implementation and considerable efforts have been put to gather this data which is the last item in the schedule designed. One of the objects of putting this item last was to give chance to the enumerator (a member of the team) to observe the family within the house and outside, to carefully note by observation and questioning the risk factors in the field of personal hygiene, Sanitation, food habits, Micro and Macro environments. Maternal and Child Health etc.

As these topics, namely, Risk Factors, Problems, Felt needs and Real needs of the individual, family and Community happen to be of great significance in implementing the Project successfully, more details will be furnished in a special report. At this juncture, Table 37 lists 11 - felt needs in the order of priority (and appendix V provide the lists of risk factors and problems identified). No doubt that these felt needs are of crucial importance to the slum dwellers and show to others the terrible conditions that exist. Apart from those listed, the team felt that facilities for treatment of diseases and low cost drugs was still a priority even though the house holders have not voiced the same. They have pin-pointed their priority on the needs of Latrines and Augmentation of Water supply as the most wanted civic facilities and proper drainage takes the 3rd place. In the field of providing public latrines to Community, the options are very few or almost non-existent. It is well known that Community latrines are a total failure, a menace and a hot bed of filth and disease. Especially in the absence of water or scarcity of water, one need not go in search of evidence against Community latrines to condemn them. One has to take a look at the 4 blocks that have been provided at the slums under study. We are trying to organise the Community to keep these clean and maintain them. The only alternative to Community latrines, is to provide private toilets for individual families. This will require basically three important elements an underground drain, a minimum space of  $2\frac{1}{2}' \times 3'$  to be provided by the house-holder and an easy access to adequate water supply. Since "Latrines" have been stated as of top priority by the Community, the first task is to explore the possibility of encouraging private





toilets to those who come forward to have them. Incentives to those who wish to have them in the shape of materials may be thought of. The three fundamental requirements already stated will be examined in respect of each of the 904 house-holds and wherever it is feasible, attempts to motivate house-holds to have one in the house will be taken up.

As regards other felt needs, the concerned agencies will be approached and the community will be urged to take needful action collectively. The Project staff will give necessary guidance in this regard.

We often hear rhetoric about wide spread poverty, illiteracy and malnutrition, lack of personal hygiene, absence of safe drinking water, in-sanitary living conditions, lack of health education, poor maternal and child health services and ineffective coverage of National health and nutritional services etc., in the under privileged society. Negative observations as stated above may not be true in all fields. Some are true and some are not. First a better understanding of each slum is necessary and generalised statement are often not applicable. There is no doubt that there are specific problems depending on the risk factors that the slum dweller is exposed to. Felt needs if fulfilled often afford a temporary solution and does neither eliminate the problem nor the risk factor. It is, therefore, necessary to identify each of the Real needs and provision of these real needs alone will give permanent benefits. It is necessary to work out the resources and cost-effectiveness and wherever Community comes forward to accept and make available resources, it is better to encourage implementation of Real rather than felt needs.

In conclusion, it may be stated that the urbanites and the under privileged specially, are in the middle of an extra-ordinary Socio-politico-economic transition along with the rest of the Country. At this juncture, we have carried out this important study in a very small sector of slum population and found out their condition and health status. We are looking into many issues affecting the health status and looking for an effective future direction and hope we will succeed.

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: 32 :

TABLES

(1 to 37)



## Density of Population

Table No : 1

Total Population	Total Area	Density Per Sq. Km
5007	0.734 Sq Km	6821.52

Distribution of Households, Population  
and Average Persons Per Households By Locality

Table No : 2

Area	Households	Population	Average
Risaldar	207	1173	5.67
O.S.Line	104	843	8.11
V.V.G.Ngr	153	883	5.77
J.C.W.Ngr	440	2108	4.79
Total	904	5007	5.54





## Households and Type of Houses

Table No : 3

House Type	Households	Percentage
Pucca	516	57.07 %
Katcha	388	42.92 %
Total	904	99.99 %

## Housing and Particulars

Table No : 4

Property	Households	Percentage
Owned	659	72.89 %
Rented	186	20.57 %
Leased	59	06.52 %
Total	904	99.98 %



## Distribution By Age Groups

Table No : 5

Age	Risaldar	O.S Line	V.V.G Ngr	J.C.W Ngr	Total	Percen
0 - 1	20	19	20	59	118	2.3 %
1 - 4	134	73	105	226	543	10.8 %
5 - 9	173	120	113	317	723	14.4 %
10 - 14	173	104	110	231	623	12.4 %
15 - 19	99	103	89	177	468	9 %
20 - 24	114	81	100	190	485	9.6 %
25 - 29	91	81	101	215	488	9.7 %
30 - 34	75	58	61	149	343	6.8 %
35 - 39	87	49	50	145	331	6.6 %
40 - 44	56	30	36	88	210	4.1 %
45 - 49	48	30	28	78	184	3 %
50 - 54	34	23	28	93	178	3.5 %
55 - 59	22	23	14	41	100	1.9 %
60 - 64	19	21	19	62	121	2.4 %
65 - 69	13	14	2	15	44	0.8 %
70 +	10	9	7	22	48	0.9 %
Total	1173	843	883	2108	5007	100 %





Classification By Age Groups  
(Children, Adults and Old)

Table No : 6

Age	Total	Percent
0 - 1	118	2.35 %
0 - 4	661	13.20 %
5 - 14	1346	26.88 %
0 - 14	2007	40.08 %
15 - 49	2509	50.10 %
50 +	491	9.80 %

Distribution By Age and Sex

Table No : 7

Age	Male	Female	Total
0 - 1	65	53	118
1 - 4	275	268	543
5 - 9	363	360	723
10 - 14	338	285	623
15 - 19	236	232	468
20 - 24	254	231	485
25 - 29	238	250	488
30 - 34	195	148	343
35 - 39	197	134	331
40 - 44	100	110	210
45 - 49	93	91	184
50 - 54	90	88	178
55 - 59	48	52	100
60 - 64	58	63	121
65 - 69	18	26	44
70 +	27	21	48
Total	2595	2412	5007

Male:Female Ratio is 1000:929.5



## POPULATION AND RELIGION

No : 8

Religion	Households	Percentage
	829	91.7%
m	39	4.3%
stian	36	3.98%
	904	99.98%

## POPULATION AND LANGUAGE

Table No : 9

Language	Households	Percentage
Tamil	685	75.77%
Telugu	144	15.92%
Kannada	32	3.5%
Urdu	37	4 %
Malayalam	6	0.66%
Total	904	99.85%

## MARITAL STATUS

e No : 10

	Sex	Married	Single	Widow	Separated	Total
18	Male	--	150	--	---	150
	Female	29	117	3	--	149
21	Male	13	146	--	--	159
	Female	138	41	2	3	184
	Male	940	196	41	8	1185
	Female	800	32	223	11	1066
	Male	953(61.6%)	544(35.2%)	41(21.6%)	8(0.6%)	1546(51.7%)
	Female	968(67.0%)	235(16.3%)	228(15.8%)	14(0.9%)	1445(48.3%)





## Average Number of Children Per Household and Their Distribution

Table No : 11

Area	Households	Total Children	Average
Risaldar	207	719	3.47
O.S.Line	104	563	5.41
V.V.G.Ngr	153	536	3.50
J.C.W.Ngr	440	1168	2.65
Total	904	2986	3.30

## Type of Family

Table No : 12

Family	Households	Percentage
Joint	334	36.94 %
Nuclear	570	63.05 %
Total	904	99.99 %

## Population and Food Habits

Table No : 13

Food	Households	Percentage
Non Veg/Veg	898	99.33 %
Vegetarians	6	0.66 %
Total	904	99.99 %

## Literacy Rate

Table No : 14

Literacy Level	Total		Percentage		Total	Percent
	Male	Female	Male	Female		
Illiterates	882	1162	20.29 %	26.74 %	2044	47.03 %
Literates	1373	929	31.59 %	21.37 %	2302	52.96 %
Population 5 years +	2255	2091	51.88 %	48.11 %	4346	99.99 %



# Employment Status

Table No : 15

Sex	Employed	Unemployed	Undefined	CH Labr (Age<15)	Total
Male	1215 (53.80%)	174 (7.71%)	--	73 (3.23%)	1462 (64.75%)
Female	636 (28.17%)	23 (1.02%)	96 (4.26%)	41 (1.81%)	796 (35.25%)
Total	1851 (81.97%)	197 (8.73%)	96 (4.26%)	114 (5.04%)	2258 (100%)

Table No : 16 Employment Status &amp; Distribution per Family

No. of People	Unemployed	Undefined	Employed	CH Labour	Total
1 Per Family	108 x1 = 108	75 x1 = 75	220 x1 = 220	71 x1 = 71	474
2 Per Family	25 x2 = 50	9 x2 = 18	277 x2 = 554	20 x2 = 40	662
3 Per Family	9 x3 = 27	1 x3 = 3	149 x3 = 447	1 x3 = 3	480
4+ Per Family	3 x4+= 12	--	134 x4+= 630	--	642
Total	197	96	1851	114	2258

Note : Unemployed includes Male and Female members above the age of 14 and not studying. Undefined includes only Female members above the age of 14 not employed, single and not studying. Employed includes all the employed members above the age of 14 (i.e above Child Labour age). Child Labour includes all children below the age of 14 and employed.

# Occupation Status

Table No : 17

Skilled	Unskilled	Total
347 (17.65 %)	1618 (82.34 %)	1965 (99.99 %)

Note : Unskilled workers include in order of majority ; Cooly, BCC Workers, Maids, Agarbathi Makers, Vendors and Factory workers.

Skilled workers include in order of majority ; Carpenters, Painters, Electricians and also includes one doctor and a few clerks.





# Not Employed People

Table No : 18

No of People	Housewives	Old age	Pension	Lep Pension	Total
1 Per Family	375 x1 = 375	96 x1 = 96	54x1 = 54	25 x1 = 25	1550 (66.02%)
2 Per Family	47 x2 = 94	22 x2 = 44	5x2 = 10	23 x2 = 46	1194 (23.28%)
3 Per Family	9 x3 = 27	6 x3 = 18	--	2 x3 = 6	51 ( 6.12%)
4+ Per Family	2 x = 08	7 x = 30	--	--	38 ( 4.56%)
Total	504	188	64	77	1833 (99.98%)
Percentage	60.50 %	22.56 %	7.68 %	9.24 %	99.98%

# Income Distribution

Table No : 19

Income (Rs)	Risaldar	O.S Line	V.V.G Ngr	J.C.W Ngr	Total	Percent
0 - 499	16	--	8	65	89	9.8 %
500 - 999	40	6	33	142	221	24.4 %
1000 - 1499	34	5	35	113	187	20.6 %
1500 - 2499	87	33	55	95	270	29.8 %
2500 +	30	60	22	25	137	15.1 %
Households	207	104	153	440	904	99.7 %

Table No : 20 Per Capita & Annual Income

Income	Risaldar	O.S Line	V.V.G Ngr	J.C.W Ngr	Total
Per Capita *	3459.80	4350	3308.90	2900.72	13347.81
Annual	19605.51	35266.15	19096.47	13897.09	118452.51
Households	207	104	153	440	904

\* Per Capita Income  
at current prices

India - Rs. 3,835 = 30  
Karnataka - Rs. 3,787 = 00



## Households and Assets

Table No : 21

Particulars	Households	Percentage
Furniture	130	14.38 %
Cots	121	13.38 %
Transistor	325	35.95 %
Television	260	28.76 %
Vehicle	11	1.21 %
Refrigerator	1	0.11 %
Telephone	1	0.11 %
Others	37	3.98 %

Note : Others include taperecorders, Clocks, Cable and Star TV connections.

## Households and Drinking Water

Table No : 22

Water	Households	Percentage
Own Piped	218	24.11 %
Community Pipe	587	64.93 %
Borewell & Both	99	10.95 %
Total	904	99.99 %

## Households and Toilet Facilities

Table No : 23

Toilet	Households	Percentage
Own	105	11.61 %
Community	799	88.38 %
Total	904	99.99 %

## Households and Drainage System

Table No : 24

Drainage System	Households	Percentage
Surface	763	84.40 %
Underground	151	16.70 %
Total	904	100 %

Note : Households with Underground Drainage System include Surface Drainage to





## Households and Lighting

Table No : 25

Lighting	No. of Households	Percentage
Electricity	677	74.88 %
Kerosene	227	25.11 %
Total	904	99.99 %

## Households and Fuel used

Table No : 26

Fuel	No. of Households	Percentage
Firewood	50	05.53 %
Kerosene	532	58.84 %
Wood & Kerosene	310	34.29 %
Elec & LPG	1	00.11 %
Electricity	5	00.55 %
L P G	1	00.11 %
None	5	00.55 %
Total	904	99.98 %

Note : Relatives and Friends are feeding one old person in the 5 non cooking houses.



# orbidity Patterns Among Surveyed Population (Common Illness)

Table no : 27

Illness	Responses	Percentage
Fever	447	49.44 %
Cold	250	27.65 %
Cough	294	32.52 %
Diarrhoeal	191	21.12 %
Others	6	0.66 %

Note : More than one illness  
reported as common in many  
Households.

Total number of households surveyed are 904.

## Households and type of Medical Aid

Table No : 28

Aid Sought from	Responses	Percentage
Govt. Hospital	694	76.76 %
Pvt. Hospital	209	23.11 %
Practitioner	172	19.02 %

Note: Many Households report alternative

## Households and alternative systems of Medical Aid

Table No : 29

Aid Preference	Households	Percentage
Allopathic	900	99.57 %
Homeopathic	1	0.11 %
Ayurvedic	3	0.32 %
Total	904	100 %





## Prevalence of Leprosy As Reported by Respondents

Table No : 30

No. of People	Male	Female	Total (M+F)	Pension
1 Per House	53 x 1 = 53	38 x 1 = 38	33 x 1 = 33	25 x 1 = 25
2 Per House	--	4 x 2 = 8	30 x 2 = 60	23 x 2 = 46
3 Per House	--	--	2 x 3 = 6	2 x 3 = 6
Total	53	46	99	77

## Handicaps

Table No :31

Sex	Physical	Mental	Blind	Total
Male	13	1	2	16
Female	7	2	1	10
Total	20	3	3	26

## Eligible Couple and Family Welfare

ble No : 32

Women(15-45)	Elig Couples	Tubectomy	Vasectomy	Contraception	Pregnancy	Abortion
1105	773	165	2	2	51	1

## Immunization Particulars

Table No : 33

Immunization	Households	Age (0-4)	Percentage
Given	128	219	33.13 %
No Information	311	442	66.86 %
No Under Five Children	465 *	--	--
Total	904	661	99.99 %

Note : Many Mothers do not have evidence of immunization nor particulars.

\* Out of a total of 904 households, there are no children under five in 465 households.



## Number Studying

Table No: 34.1

Level	5 - 14		14 +		Total		
	Male	Female	Male	Female	Male	Female	= M + F
Primary (upto 7)	419	361	3	1	422	362	= 784
Secondary (8-10)	34	37	32	24	66	61	= 127
Above Secondary	--	--	12	6	12	6	= 18
Technical	--	--	1	1	1	1	= 2
Total	453	398	48	32	501	430	= 931
Population 5yrs+	701	645	1554	1446	2255	2091	= 4346

## Percentage Studying

Table No: 34.2

Level	5 - 14		14 +		Total		
	Male	Female	Male	Female	Male	Female	M + F
Primary (upto 7)	59.77	55.96	0.19	0.06	18.71	17.3	18.03
Secondary (8-10)	04.85	05.73	2.05	1.65	02.92	02.91	02.92
Above Secondary	--	--	0.77	0.41	00.53	00.28	00.41
Technical	--	--	0.06	0.06	00.04	00.04	00.04
Total	64.62	61.70	3.08	2.21	22.21	20.56	21.42
Population 5yrs+	701	645	1554	1446	2255	2091	4346





## Households and Pests

Table No : 35

Pests	Households	Percentage
Flies	849	94 %
Bugs	691	76.4 %
Mosquitoes	674	74.5 %

## Households and Pets

Table No : 36

Pets	Households
Dogs	41
Chicken	16
Cattle	1
Sheep	1
Others	8

Note :Others include parrots and cats.

## Households and Felt Needs

Table No : 37

Needs	Households	Percentage
Latrine	632	69.91 %
Water	394	43.58 %
Drinage	319	35.28 %
Own House	69	7.63 %
Employment	47	5.19 %
Street Light	43	4.75 %
Bath Cubicles	32	3.53 %
Cleanliness	22	2.43 %
Electricity	17	1.88 %
Adult Education	7	0.77 %
Ration Card	7	0.77 %



## THE COMMUNITY TALKS : (Glimpses)

Ques : "What do you understand by the term 'Health' ?

Ans : When we fall ill we go to the Hospital to see the Doctor and we have no problem.

Ques : Do you know that you can prevent many diseases?

Ans : When we do not have illness why prevent.

(They percieve health as going to Hospital, seeing the Doctor, taking treatment and getting relief).

### Contraception :

Ques : You know that you can have a child when you want and as many as you want?

Ans : Yes! We know. Many have got operated. That is the best. It is "Once for all", other methods are a bother. 3 to 4 children are sufficient, for some one is enough. My neighbour wants 2.

Ques : You are selling cut fruits, sweets, eatables exposed to flies and dust - is it good?

Ans : People buy them and we get money.

Ques : Do you want to prevent flies and dust? It may cause disease to the persons who eat?

Ans : We have been selling since a long time, nothing has happened.

Ques : By one of the respondents to the member of team while on a house visit.

- You are coming to us. What do you want? What will you give us?

Ans : Explains the object of visit. We want to know what you think about your health. We want to share what we know with you.

Is that not giving you something?

"That does not help us" was the response.





A person of 25-30 years met the Consultant and said in confidence that he had bad burning while he wanted to pass Urine and pus used to come. He went to a local Doctor, had an injection and it was cured. "Is it true that I am going to loose my manliness? I don't mind not having a child but I want to enjoy".

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A P P E N D I C E S





DEENA SEVA SANGHACOMMUNITY HEALTH PROJECTBANGALORE - 20CALENDAR OF EVENTS

(from the date of sanction to-date)

No.	Date	Particulars of Events
	20.04.1992	First meeting of the Life Workers to finalise the Project.
2.	10.11.1992	Approval for Project received and Steering Committee formed.
3.	12.11.1992	Formation of the Steering Committee. This Committee has been meeting regularly every week to monitor the implementation of the Project. It is now (1.5.1993) meeting once a fort-night or whenever required.
4.	14.11.1992	Project launched and Consultant took charge of the Project.
5.	14.11.1992 to 03.12.1992	Recruitment of Staff Started and Staff in position.
6.	14.12.1992	Trials and testing schedules and training staff completed.
7.	14.12.1992	Base line survey started.
8.	08.01.1993	The Study team meets once a week regularly to discuss, monitor and decide the next week's programme.
9.	25.01.1993	Twenty supporters of Water Aid, London, visited the Project.
10.	29.01.1993	Base line data survey completed.
11.	02.02.1993	Scrutiny, verification by revisits and mopping up operation taken up.
12.	06.03.1993	The Final plan and estimate for the proposed Civil works under 'Capital involvements' received. Contractor was fixed and formalities for submission to the licensing authorities completed.
13.	31.03.1993	Two members of Water Aid, London. Visited and discussed about the progress of the Project.
14.	31.03.1993	Data analysis and tabulation completed and study report drafting commenced.
15.	12.04.1993	Interview with the Commissioner, Bangalore City Corporation.



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19.04.1993	Interview with the Additional Health Officer, Bangalore City Corporation, for clarification of the proposed Civil Works.
21.04.1993	Final draft of study report ready.
28.04.1993	Draft approved by the Steering Committee (General Secretary)
28.04.1993	Meeting of the Old Students of Deena Seva Sangha and other important Community members held. The General Secretary presided.
05.05.1993	Study Report ready for despatch.

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BANGALORE-20

12) Members of the family :

[illegible]

★ Remarks : Note : Pregnancy. Handicap : Physical/Mental/Blind — Addiction : Smoking/Alcoholism/Others (Specify) :

- 13) Food Habits : Vegetarian/Non-Vegetarian
- 14) Pests : Flies/Mosquitoes/Bugs/Others (Specify)
- 15) Lighting : Electricity/Kerosene Others
- 16) What is the commonest illness in the family
- 17) a) Where do you go for treatment : Government Hospital  
Private Hospital/Practitioner (Specify)  
b) Nature of aid sought : Allopathic/Ayurvedic/Homoeopathic  
Others (Specify) :
- 18) Any Voluntary Agency helping : Yes/No If yes give details ;
- 19) a) Housing : Pucca/Katcha  
b) Ownership/Rented/Leased/Others (Specify)
- 20) Income of family : (a) from self earning : P. M :  
(Employment -- Poultry -- Piggery -- Others)  
b) From property : P. A. : (Lands, Rent, Lease, etc.)
- 21) Expenditure of family : Savings : Debts :
- 22) Water supply for drinking a) Own piped b) Community piped /  
Borewell or both/others (specify)
- 23) Place for defecation : Own/Community toilet (Latrine)
- 24) Drainage : Surface/Connected to underground drainage system
- 25) Pets and Domestic animals : Dogs/Cattle/Sheep/Goat/Chicken/Pigs/Others
- 26) Status symbols : Furniture/Cots/Transistor/TV/Telephone/Refrigerator.  
Vehicle Others (specify)
- 27) Fuel for Kitchen : Firewood/Kerosene/LP gas/Electricity/others (specify)
- 28) Living conditions : General :- Very good/Good/Satisfactory/Not satisfactory.
- 29) Felt needs : (The first three as per priority)
- 30) Any others :

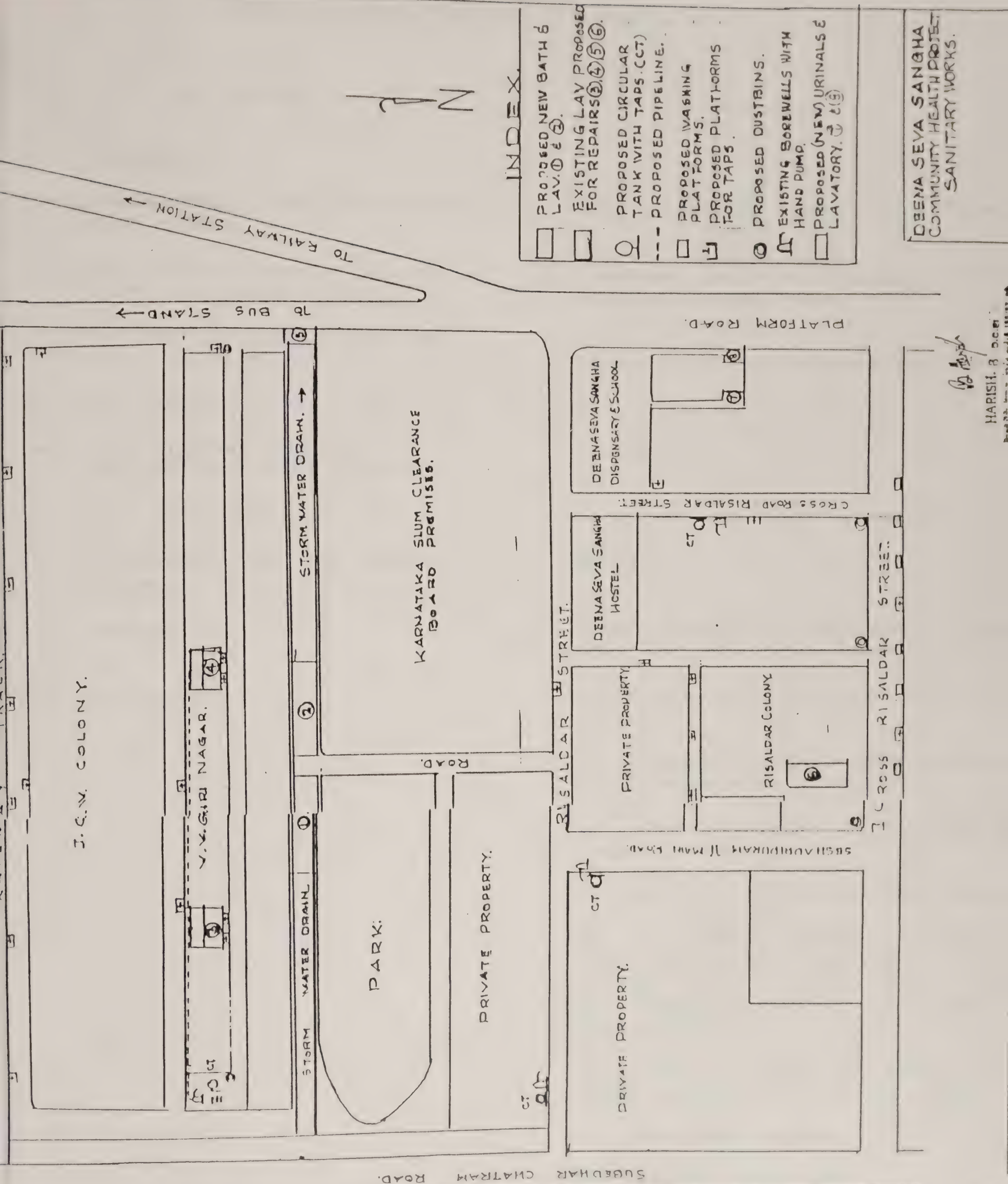


Proposed Civil works in the Study area under capital works -  
(To be executed with active participation of Community)

1. Water Supply
  - : a) Augmentation by providing fresh Bore-Wells and fitting Electrical Pumps and pumping water to reservoirs motivate
  - and
  - b) assist the house-Holder to get water connection to his home wherever feasible.
2. Washing facilities
  - : Giving granite slab facility to wash clothes near the water taps and build platforms and drains to take off waste water.
3. Drains
  - : Repair, renovation and establishing continuity in interrupted connections to underground mains.  
Fresh drain if necessary.
4. Bathing Place
  - : Repair, renovation, replacements in existing cubicles and build fresh cubicles if space permits.
5. Existing Community Latrines
  - : Repair, renovation, replacement and make it functional. Fixing responsibility on the Community to look after and maintain cleanliness.
  - Public Latrine will not be constructed afresh as they are not workable in a Community situation.
6. Private Latrines
  - : Encourage private latrines wherever feasible. The owner of house hold should come forward to have his own. We will help if and when necessary. These persons and house-holds will be identified and motivated.
7. Garbage
  - : Repair the garbage receptacles wherever it is damaged. If necessary identify locations for fresh receptacles and encourage the community to have them by their own efforts. we will help them.







HARISH. B. D. D. D.



## RISK FACTORS & PROBLEMS (Concerning Health)

### RISK FACTORS

### PROBLEMS

#### I. Individuals

- a. Missing daily baths and wearing clean clothes.
- b. Not washing hands in soap and water after visiting toilet.
- c. Not washing hands in soap and water before eating
- d. Oral hygiene not up to mark
- e. Scalp hygiene (Washing and combing hair) needs attention.
- f. Over grown and dirty nails
- g. Cleanliness: Nasal and Auditory Passages.
- h. Smoking
- i. Alcoholism

Skin infections: Scabies Ring Worm.

Diarrhoea, Gastritis, infective hepatitis  
Intestinal worms, Polio.

Caries Teeth especially among children

Pediculosis.

Faecal and water borne diseases.

Otitis.

Upper Respiratory infections, Chronic cough, lack of appetite, Insomnia etc.

Leading to Social and other problems:  
such as:

a) Husbands apathy towards suffering and inconvenience of wives.

b) Non-co-operation in the use of contraceptives.

c) Wife beating, Quarrels and brawls.

d) The entire earning of husband goes towards his requirements which includes daily drinks. Many times the husband extracts the earning of the wife also.

e) Entire burden of family and child rearing borne by the mothers.

f) Un-wanted pregnancy

g) Domestic disharmony

h) Low standard of living





1) Loss of self respect in the Community, besides mental trauma to the family and especially among children.

## II. Maternal and Child Health

Early marriage, Failure to use contraceptives and promiscuity

Frequent pregnancies deliveries, abortions and miscarriages and sexually transmitted disease. Associated problem Temporary and permanent disabilities as sequaelae and complications. Lack of milk to breast feed the infants malnutrition among children frequent sickness. Stunted growth and development.

Poor quality and standard of living.

Lack of time and energy to attend the clinic, due to sickness, expenses on medical care.

Large number of children left behind when both parents go out to work and who need home care schooling/day care homes/play-homes/nurseries etc.

These children are uncared for and are most of the time on the street. Playing or otherwise in filthy environment, exposed to many risks or disease accidents, injuries etc., besides many social other social problems.

## III. Family

- a. Consumption of cheap and low quality foods.
- b. Nutrition conservation Practices before and during cooking not observed.
- c. Consumption of unhygienic foods, cut fruits, sweets and other foods exposed to flies and dust from street and foot path vendors hawkers etc.

Mal - nutrition and other Faeco-oral infections



V. Micro and Macro Environment

- |    |  |  |
|----|--|--|
| a. | Bad housing (Space, ventilation, lighting, No. privacy etc.) | Diseases of overcrowding close contact etc.  |
| b. | Lack of adequate toilets facility                            |  |
| c. | Open air indiscriminate defaecation                          | Faeco-oral infections, Water related and insect borne diseases and diseases due to lack of sanitation. |
| d. | Lack of Proper drains and choked drains                      |  |
| e. | Bad Sanitation   |  |
| f. | Piling up garbage  | Mosquitoes, flies, bugs, besides other diseases of bad sanitation already mentioned.                   |
| g. | Blocked toilets  |  |

V. General

- |    |           |  |
|----|-----------|--|
| a. | Poverty   | Begging/Borrowing/Stealing and other social evils.   |
| b. | Ignorance | Lack of awareness leading to ill health in particular. General apathy to improve the quality of life and living standards. |

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LIST OF AGENCIES INVOLVED WITH THE SLUM IN ONE WAY OR OTHER

1. Bangalore City Corporation.
2. Karnataka Electricity Board.
3. Bangalore Water Supply and Sewerage Board.
4. Karnataka State Slum Clearance Board.
5. Director of Health and Family Welfare Services, Karnataka, India.
6. Director of Information and Field Publicity Office,  
Government of India.
7. Health and Family Planning Training Centre, Magadi Road, Bangalore.
8. City Family Planning Bureau, Dasappa Maternity Home, Bangalore.
9. K.C.General Hospital, Malleswaram.
10. Family Planning Association of India.
11. Hindu Seva Prathisthana.
12. Scheduled Caste and Scheduled Tribe Association.
13. Hind Krushta Nivarana Sangha.
14. Administrative Office, Sumanahalli Leprosy Centre, Bangalore.
15. Federation of Karnataka Chamber of Commerce & Industries, Bangalore.
16. Voluntry Health Association of Karnataka, Bangalore.
17. Office of the Survey of India, Government of India, Bangalore.

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LIST OF OLD STUDENTS WHO HAVE STUDIED IN DEENA SEVA SANGHAAND SEVASI RAM SCHOOLS

Sl.No.	Name of the Old Students	Age	Standard	Occupation
<u>Jayachamaraja Wodeyar Colony</u>				
1.	Kantharaj	28	S.S.L.C.	Indian Institute of Science
2.	Das	18	8th Std.	B.T.C. Cooly
3.	Sreenivasa	14	7th Std.	Cooly
4.	Vijaya	18	3rd Std.	Sentry
5.	Veeraswamy	18	2nd Std.	B.T.C. Cooly
6.	Munian	22	5th Std.	Car Driver
7.	Anbu	25	4th Std.	Sentry
8.	Rangaswamy	18	5th Std.	Cooly
9.	Subramani	20	7th Std.	Provision Shop
10.	Mahendra	22	S.S.L.C.	Studying P.U.C.- II
11.	Govindaraju	20	S.S.L.C.	Mason
12.	S. Balu	26	7th Std.	Painter
13.	Manjunatha	19	9th Std.	B.T.C. Cooly
14.	Appu	20	2nd Std.	Mason
15.	Neerendra	19	7th Std.	Mason
16.	Bhasha	25	3rd Std.	Mason
17.	Ranganath	23	5th Std.	Mason
18.	Sundar	30	4th Std.	Mason
19.	Venkatesh	18	8th Std.	Mason
20.	S. Vishwanath	19	II P.U.C.	Apprentice N.G.E.F.
21.	Lakshman	28	2nd Std.	Painter
22.	Bhoopalan	18	S.S.L.C.	B.C.C.





Meghanathan	19	S.S.L.C. failed	B.C.C.
Lalitha (Volunteer)	22	Illiterate	Helper in a garments shop.

V.V. GIRI NAGAR

Perumal	33	5th Std.	Pipe Work
Nataraj	23	8th Std.	Cable T.V.Business
Suresh	17	8th Std.	Painter
Utterpadi (Volunteer)	30	B.A.B.Ed.	High school teacher at Vijayanagar
Radhakrishna	28	S.S.L.C.	Painter
Christian	18	9th Std.	Tailoring

RISALDAR COLONY

Ramesh	18	5th Std.	Mason
Saravana	23	4th Std.	Bar bending & Working Construction
Pramila	18	II P.U.C. Studying	Studying
Shankar	26	5th Std.	B.T.C.
Shanmugam	21	9th Std.	Corporation
Rajendran	26	8th Std.	Corporation
K. Kumar	32	8th Std.	Painter
Geetha	20	S.S.L.C. Pass	Un-employed
Amuda	20	S.S.L.C. Pass	Un-employed
Kumararaja	19	II P.U.C.	Appearing for entrance exam.
Selvam	23	S.S.L.C. fail	Un-employed Private car driver
Muniswamy	37	7th Std.	General Secretary S.C. & S.T. Association



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13.	Kannan	35	9th Std.	Association	Member
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OLD SAVAR LINE

1.	Prasad	20	6th Std.	B.C.C.	
2.	Kumar	17	9th Std.	Video game	at
				Shivananda	
3.	Narasimalu	25	8th Std.	Mason	

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NOTE : B.C.C. : Bangalore City Corporation  
B.T.C. : Bangalore Turf Club  
NGEF : New Government Electric Factory









